



# **Perspectives on Mental Health Services from Birth and Adoptive Parents, Adoptees, and Other Members of Adoption Kinship Networks**

Key Summary of Findings from a  
Nationwide Survey  
December 2025





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IRB Approved Study Protocol: Solutions IRB

Suggested citation: Atkinson, A.J. (August 2025). *Findings from a Nationwide Survey: Perspectives on Mental Health Services from Birth and Adoptive Parents, Adoptees, and Other Members of Adoptive Kinship Networks*. Burtonsville, MD: Center for Adoption Support and Education.

This is a report of key summary findings from a survey sponsored by the Center for Adoption Support and Education (C.A.S.E.) that sought to gain an understanding of the current views and experiences of members of adoption kinship networks related to seeking and engaging mental health services. C.A.S.E. began its mission of providing adoption competent mental health services in 1998 in response to early voices of adoptive families who experienced services that were too often not accessible, unhelpful and sometimes harmful. In studies across at least two decades adoptive parents have eloquently described their challenges in locating and accessing mental health professionals who understand the complex and unique issues that adoptive families face. The availability and accessibility of quality adoption competent mental health services emerged as a high priority at the first National Conference on Post-Adoption Services in late 2001. The conference and subsequent publication *Promising Practices in Adoption Competent Mental Health Services: A White Paper* (Casey Family Services, 2003) highlighted unmet needs and emerging promising practices and included recommendations to facilitate access to adoption competent services. Subsequent surveys of families conducted by the North American Council on Adoptable Children (renamed Families Rising) (NACAC, 2011) and C.A.S.E. (Atkinson et al., 2013) further documented the challenges of adoptive families seeking mental health services. More recent studies of post-adoption needs and services have consistently cited mental health services by parents as most needed and most challenging to access (Smith, 2014; Barnett et al., 2018; LaBrenz et al., 2020; Rolock et al., 2023; Toland et al., 2024).

This survey, sponsored by the Center for Adoption Support and Education (C.A.S.E.) and conducted by PolicyWorks, Ltd., explores the perspectives and experiences of adoption kinship network members regarding mental health services. The survey, completed by 500 participants across 44 U.S. states, one U.S. territory, and 14 locations outside the U.S., engaged adoptive parents, adoptees, birth parents, adoptive siblings, birth siblings, and others. Because many reported multiple roles the percentages exceed 100 percent.

**PARTICIPANTS’ PERSONAL CONNECTIONS TO ADOPTION**

Connection to Adoption	Percent/Number
Adoptive parent	62.33% (268)
Adoptee	23.95% (103)
Birth parent of an adoptee	9.30% (40)
Adoptive sibling	5.81% (25)
Birth sibling of adoptee	1.86% (8)
Other	14.88% (64)

# TYPES OF ADOPTION

Participants were also asked to identify all types of adoption they experienced. In recognition of the prevalence of kinship care as a form of permanency, kinship care adoption/guardianship both with and without child welfare involvement were included in categories of adoption. The total exceeds 100 percent due to some respondents reporting more than one type.

## TYPES OF ADOPTION EXPERIENCED BY PARTICIPANTS

Types of Adoption	Percent/Number
Adoption from foster care	44.19% (190)
Domestic adoption, private	43.95% (189)
Intercountry adoption	21.86% (94)
Kinship adoption/guardianship (with child welfare involvement)	8.84% (38)
Kinship adoption/guardianship (without child welfare involvement)	6.51% (28)
Other type adoption	6.05% (26)

Conducted over an eleven-week period in spring/summer 2025, the survey utilized network and snowball recruitment through C.A.S.E.'s newsletters and social media. In addition, four national organizations with substantial adoptive family representation -- Families Rising, National Council For Adoption, National Adoption Association, and the National Foster Parent Association -- provided collaborative support by posting the survey information and weblink in their various subscriber communications.

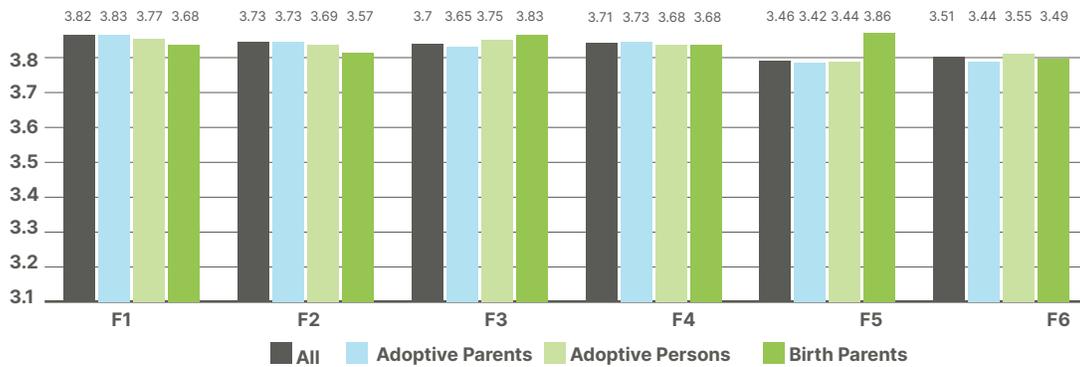
KEY FINDINGS

### Endorsement of Adoption-Competent Practice Principles

The principles, listed in the charts below were developed by C.A.S.E. and based on reviews of research and practice literature and reviewed by both a panel of adoption experts and more than 100 mental health practitioners experienced in working with adoptive families, some with personal connections to adoption.

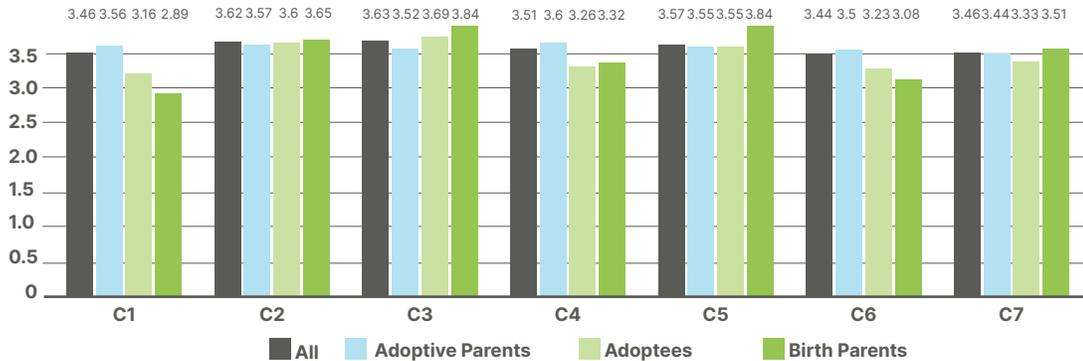
Participants strongly endorsed foundational principles (e.g., communicative openness, lifelong impacts, cultural competence), with 75.04 percent rating them “extremely important” (weighted average: 3.66/4). Clinical principles (e.g., adoption-relevant, trauma-informed care) were similarly valued, with 69.77 percent rated “extremely important” (weighted average: 3.53/4). Comments (n=215) praised these principles but highlighted significant implementation gaps, noting their rarity in practice, jargon-heavy wording, and need for greater birth parent and adoptee voice. Participants note difficulties finding therapists with genuine expertise, especially for older children or those with developmental disorders like fetal alcohol syndrome disorder. Overall, adoptive parents emphasized family stability, birth parents sought inclusion, and adoptees prioritized trauma acknowledgment and agency.

COMPARISON OF WEIGHTED AVERAGE RATINGS OF IMPORTANCE OF FOUNDATIONAL PRINCIPLES OF ADOPTION COMPETENT PRACTICE, BY PARTICIPANT TYPE



- F1 Adoptive parents have a critical role in facilitating the child’s adjustment and healthy identity formation by establishing communicative openness related to adoption.
- F2 Forming a family through adoption is a different experience than doing so by birth, and it involves normative challenges that can influence identity, family relationships, and psychological adjustment.
- F3 Adoption is not a one-time event; it is a lifelong process with intergenerational impact.
- F4 Post adoption supports and services are important in strong and stable families; the need for help should be normalized and help-seeking viewed as a strength.
- F5 The adoptive family is the child’s permanent legal family; however, the child’s past and current relationships with birth family members and kin play a critical role in the child’s development and acknowledging them supports healthy identity formation, attachment, and lifelong relationships.
- F6 Services demonstrate sensitivity to and respect for all children, youth, and families.

**COMPARISON OF WEIGHTED AVERAGE RATINGS OF IMPORTANCE OF CLINICAL PRINCIPLES OF ADOPTION COMPETENT PRACTICE, BY PARTICIPANT TYPE**



- C1 Services are attachment-focused, reflect the belief that healing occurs best in the context of family, and engage parents as partners in the therapeutic process and as primary agents of healing.
- C2 The therapist demonstrates and promotes with others a strong respect for and commitment to understanding the child’s unique story.
- C3 Core issues of adoption (i.e., loss, rejection, guilt and shame, grief, identity, intimacy, and mastery/control) are recognized and addressed, as needed, with members of the adoption kinship network.
- C4 Approaches used are family-based, strengths-based, and informed by evidence of effectiveness and recognized clinical best practice.
- C5 Approaches acknowledge the child’s history of relationships with their birth parents and the impact of the birth parents’ psychological and sometimes physical presence in the child’s life.
- C6 The therapist refrains from pathologizing normative developmental processes and blaming parents for challenging behaviors.
- C7 The therapist employs an ecological perspective that considers biological, psychosocial, and contextual factors and processes that affect development and adjustment.



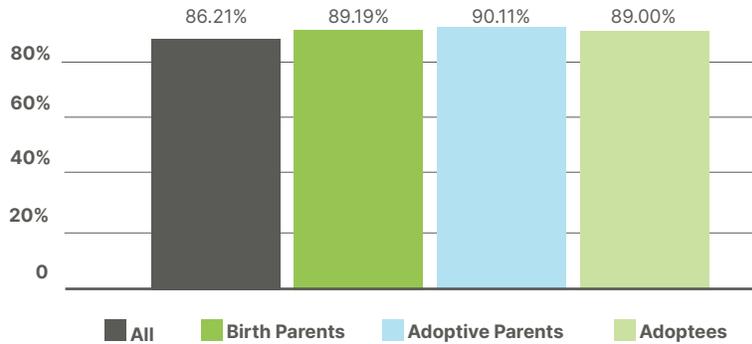
## High Engagement with Mental Health Services

Of 403 participants who answered the question, **86.21 percent reported engagement with mental health professionals, significantly higher than the general U.S. population.** Based on recent estimates that between 30 and 40 percent of the U.S. population will see a mental health professional during their lifetime (Reinert et al., 2024), levels of mental health services utilization by survey participants represent 2.5 to 3 times that of the general U.S. population. Of the 403 participants who chose to answer this question, 86.21 percent responded “yes.” Among birth parent respondents, 89.19 percent reported “yes”; 90.11 percent of adoptive parents and 89.00 percent of adoptees answered “yes.”

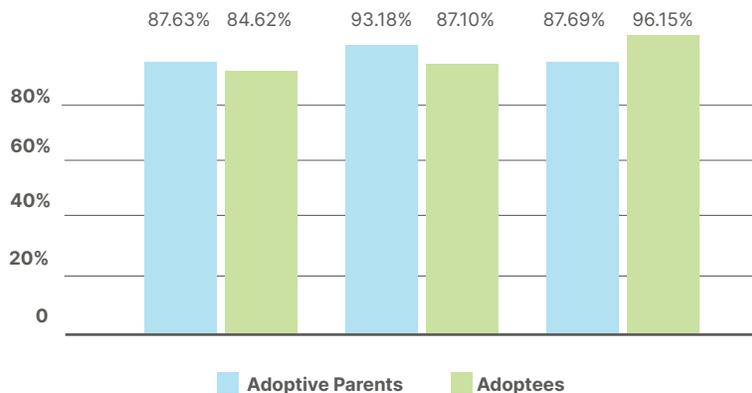
# 86.21%

of 403 participants reported engagement with mental health professionals, significantly higher than the general U.S. population.

COMPARISON OF PERCENTAGE OF PARTICIPANTS WHO REPORTED HAVING SEEN A MENTAL HEALTH PROFESSIONAL, BY PARTICIPANT TYPE



PERCENTAGE OF PARTICIPANTS WHO REPORT HAVING SEEN A MENTAL HEALTH PROFESSIONAL, BY ADOPTION TYPE





## Low Perceptions of Adoption Competency

Perceptions of adoption competency among clinicians were concerningly low. **Only 21.84 percent of 227 participants rated their clinicians as adoption competent**, 33.25 percent rated them not competent, and 44.91 percent reported a mix. Birth parents (16.67 percent competent) and adoptees (8.14 percent competent) faced the greatest challenges, particularly in private domestic (4.88 percent for adoptees) and intercountry adoptions (8.33 percent for adoptees). Across all participant types (i.e., birth parents, adoptive parents, adoptees, and kinship family members), **the number of clinicians seen who were not adoption competent exceeded the number considered adoption competent. Adoptees across all types of adoption had the worst ratio of clinicians considered adoption competent** to those considered not adoption competent and appeared to have the greatest challenge accessing adoption competent clinicians, regardless of adoption type. The mean ratio of non-competent to competent clinicians was 3.94:1.79.

**21.84%**  
of 227 participants  
rated their clinicians as  
adoption competent.

*"They helped me deal with grief, rejection, fear, hopelessness... knowing I made the best decision."*

- BIRTH PARENT

*"Normalizing and accepting our experiences; recognizing everything (loss and grief and challenges but also resiliency and strengths.)"*

- ADOPTIVE PARENT

*"Allowing me to feel my feelings and not taking the toxic positivity route of 'you should be grateful.'"*

- ADOPTEE

*"The professional immediately started our work together by referencing the adoption narrative talk... me being brave and how my child had a better life."*

- BIRTH PARENT

*"...he was pressuring me to forgive my parents who forced me to give up my daughter."*

- BIRTH PARENT

*"Not understanding the complexities of adoption or foster care and focusing on punitive discipline."*

- ADOPTIVE PARENT

*"I was told by a therapist that transracial adoption is child abuse and causes irreparable harm."*

- ADOPTEE

*"...Oblivious of grief of adoption."*

- ADOPTEE

*"Many just avoided asking more questions about it or didn't think of adoption as trauma."*

- ADOPTEE

## Positive and Negative Therapeutic Experiences

**Positive experiences (288 responses) emphasized empathy, validation, and adoption-specific knowledge, often from clinicians with lived adoption experience.** Birth parents valued grief acknowledgment and acknowledgement of trauma without judgment. Adoptive parents appreciated family-focused strategies, attachment and managing child behaviors. Adoptees sought validation of identity, grief, and trauma and valued being heard and affirmed. Across groups, the most positive experiences shared core elements: empathy, validation, adoption-specific knowledge, and use of trauma-informed approaches.

Negative experiences (289 responses) involved invalidation (e.g., "toxic positivity"), lack of adoption competency, and shaming, with 8-10 percent reporting no negative experiences due to careful therapist selection. **About 15 percent to 30 percent reported no positive experiences, citing clinician ignorance or bias. A notable cross-group finding was the prevalence of harmful assumptions, such as adoption being universally positive or gratitude-focused, which exacerbated emotional distress.** Birth parent experiences were marked by invalidation of their grief, judgmental attitudes, and ignorance about the lifelong impact. Adoptive parents' negative experiences were driven by lack of adoption-specific expertise of the clinician, leading to inappropriate interventions and parent-blaming. The negative experiences of adoptees were marked by clinicians' failure to validate adoption-related trauma and grief, often compounded by shaming or unprofessional practices. Lack of competency led to harmful assumptions, silencing adoptees' authentic experiences and reinforcing societal expectations of gratitude.



## Considerations in Selecting Therapists

The most critical consideration in selecting a mental health professional was the therapist's specialized training in working effectively with adoptive families, with over two-thirds rating it "extremely important" and 20.75 percent rating it "very important."

### Considerations in Selecting Therapists:

Reputation of agency/therapist	Includes family in treatment
Recommended by peer	Insurance
Recommended by professional	Convenience
Specialized training	Cost
Special credential	

This was followed by family inclusion in treatment, insurance coverage, and cost. Adoptees ranked family inclusion lower (8th-9th vs. 2nd overall), emphasizing preference for a more individual focus. Peer recommendations outranked professional ones, reflecting trust in lived experience.

## Barriers to Accessing Therapists

All participants were presented with a list of eight common barriers to mental health treatment and asked to rate the degree to which each had been a barrier to accessing their therapist of choice. **Participants identified cost or insurance issues, practices not accepting new patients or having long waitlists, and difficulty locating therapists with adoption-specific expertise as the most significant barriers to accessing a preferred mental health professional, with 31 percent rating them "significant" or "insurmountable."** Birth parents faced acute financial barriers, while adoptees, particularly transracial adoptees, struggled with cultural competence. Comments also highlighted logistical challenges (e.g., travel distance) and systemic biases marginalizing birth parents.

### Barriers to Accessing Therapist of Choice

Cost/Insurance	Difficulty obtaining required referral/authorization
Not accepting patients/Long waitlist	Reluctant/ashamed to seek help
Difficulty locating provider with needed expertise	Concerned what others would think
Available but not in location/times feasible	Couldn't find provider who understood my culture



## Post-Adoption Supports

Survey participants were asked to respond – “Yes, No, or Don’t Know” – whether their state provides each of six post-adoption support and services that are frequently sought or are related to accessing mental health services. **Gaps in knowledge of post-adoption supports were evident, with 37.91 percent to 54.03 percent “Don’t Know” responses.** Insurance coverage was perceived as most available (50.35 percent), while subsidies were least (21.33 percent). Birth parents were least informed (63.24 percent “Don’t Know”), followed by adoptees (55.79%). Comments (128) noted inadequate support, especially for private/international adoptions, with birth parents reporting systemic exclusion.

# 63.24%

**Birth parents “Don’t Know” if their state provides post-adoption support**

## Influence of Faith or Religious Beliefs

Participants were asked to respond - “Yes, No, or Prefer Not to Answer” – whether faith or religious beliefs (theirs or that of someone close) influenced or played an instrumental role in their adoption experience. Faith or religious beliefs influenced 44.71 percent of participants’ adoption experiences, particularly in private domestic adoptions (66.67 percent) and among birth parents (62.86 percent), shaping decisions to adopt (36.49 percent) and ongoing care (29.81 percent). **Comments revealed faith’s dual role: empowering for adoptive parents, but coercive for birth parents and culturally conflicting for adoptees.**

# 44.71%

**of participants’ adoption experiences were influenced by faith or religious beliefs.**

## CONCLUSIONS AND IMPLICATIONS

Survey findings underscore a critical need for adoption-competent mental health services to address the complex, lifelong impacts of adoption on all members of the adoption kinship network and confirms strong support for principles of adoption competent practice that emphasize communicative openness, adoption-relevant and trauma-informed care, lifelong and intergenerational impacts of adoption, birth family ties, and cultural competence.

However, significant gaps in their implementation persist, with negative experiences—marked by invalidation, “toxic positivity,” shaming, and lack of adoption-specific expertise—reported frequently, particularly by birth parents and adopted individuals in private domestic and intercountry adoptions. Positive experiences, though rare, were linked to empathetic, trauma-informed clinicians, especially those with lived adoption experience. **Barriers such as cost, long waitlists, and limited access to specialized therapists exacerbate challenges, particularly for birth parents facing disenfranchised grief and adopted individuals navigating identity issues in transracial or transcultural adoptions.** The scarcity of adoption-competent clinicians and inadequate post-adoption support highlight systemic failures in meeting the mental health needs of adoption kinship networks.



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## ► Implications for Clinical Practice:

Survey findings reveal a profound need for adoption-competent mental health services that address the complex, lifelong impacts of adoption across all members of adoption kinship networks.

**The findings emphasize the necessity for clinicians to acquire specialized adoption training, prioritizing expertise in adoption-related loss, grief, trauma, and identity and support recognizing adoption competency as a specialized practice area, warranting formal recognition by professional bodies and insurance providers.**

Until then, registries of trained clinicians and preferential referrals to adoption-competent providers by adoption and child welfare professionals can improve access. Logistical barriers, such as cross-state licensure restrictions, necessitate increasing the availability of adoption-competent clinicians nationwide, with telehealth offering a partial solution.

**Clinical practice principles were also described as “critical,” “vital,” and “foundational”** and were praised for their focus on communicative openness, trauma-informed care, lifelong and intergenerational impacts, post-adoption support, and the importance of birth family ties. **Critiques center on the need for clearer, less jargon-heavy wording to enhance accessibility and ensure everyone**, especially non-professionals, in the adoption community can understand principles. Both sets of principles were praised for setting clear expectations, but widespread failure to implement the principles is a common concern, with participants noting the principles are too often not believed or practiced, leaving families to navigate challenges alone. These comments were accompanied by calls to bridge the gap between theoretical ideals and real-world application, with suggestions to include adoptee-led reviews, broader clinical goals, and nuanced approaches that avoid saviorism or blame. All participants make reference to the need for more adoptee-centric perspectives and shared concerns about insufficient education/training for therapists leading to parent-shaming or pathologizing behaviors. Participants called for more holistic approaches that address attachment, identity, and intergenerational effects of adoption experiences.

► **Implications for Training and Professional Development:**

**The unmet demand for adoption-competent clinicians highlights the need to scale up training programs such as the instructor-led Training for Adoption Competency (TAC) and the National Adoption Competency Mental Health Training Initiative (NTI).**

Adoption-related content remains largely absent from graduate programs, underscoring the need for broader integration. Partnerships, such as C.A.S.E.'s collaboration with a university graduate social work program, show promise but require resources for scalability. Training programs must also address perceptions of adoptive parent-centric biases by incorporating more birth parent and adoptee perspectives.

► **Implications for Public Policy:**

**The findings advocate for increased funding for adoption competent mental health services and potential mandates for adoption competency training to address the shortage of qualified clinicians. Financial barriers can be reduced through higher reimbursement rates and expanded insurance or Medicaid coverage for adoption competent services.**

Including adoption status in clinical assessments and behavioral health datasets is essential for recognizing and addressing the unique needs of adoption kinship networks. Investments like the National Adoption Competency Mental Health Training Initiative and the National Center for Adoption Competent Mental Health Services, led by C.A.S.E., are steps forward but require further additional time and resources to build bridges between child welfare and behavioral health systems. Centralized directories or networked registries of adoption-competent therapists can enhance access to qualified providers.

## ► Implications for Research:

Further research is needed to evaluate the effectiveness of adoption-competent practices, building on studies demonstrating improved outcomes with TAC-trained clinicians. Updated data on mental health service utilization by adoption kinship members by type and setting is critical, as is systematic collection of adoption status in behavioral health settings. Research on birth parents, especially birth fathers, and kinship caregivers is scarce and urgently needed. Longitudinal studies on adoption-competent interventions, with larger samples of birth parents and adoptees, can inform best practices.

Additional research should explore cultural competence for transracial and Indigenous adoptees and the influence of faith-based factors on adoption experiences. Finally, a needed study involves conducting a scan of existing directories of therapists who have adoption competency training. In addition to C.A.S.E.'s own [directory](#), it is known that some states maintain state-specific directories (e.g., Oregon's Post Adoption Resource Center "Find a Therapist"; University of Connecticut Health, Connecticut Adoption Network Therapist [Directory](#)). A scan could, first, simply identify existing directories, then create profiles that include their sponsors and key contacts, features and limitations, criteria for inclusion, intended users and methods of access, whether they are kept current, etc. Findings could serve as a foundation for creation of a network of directories to further facilitate family members locating qualified therapists.



